

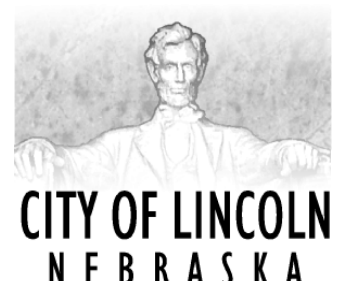
LANCASTER COUNTY

YOUTH RISK BEHAVIOR SURVEY

REPORT (2003)

MAY 2004

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
LINCOLN, NEBRASKA



Youth Risk Behavior Survey

(Summary Report 1991 - 2003)

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Introduction

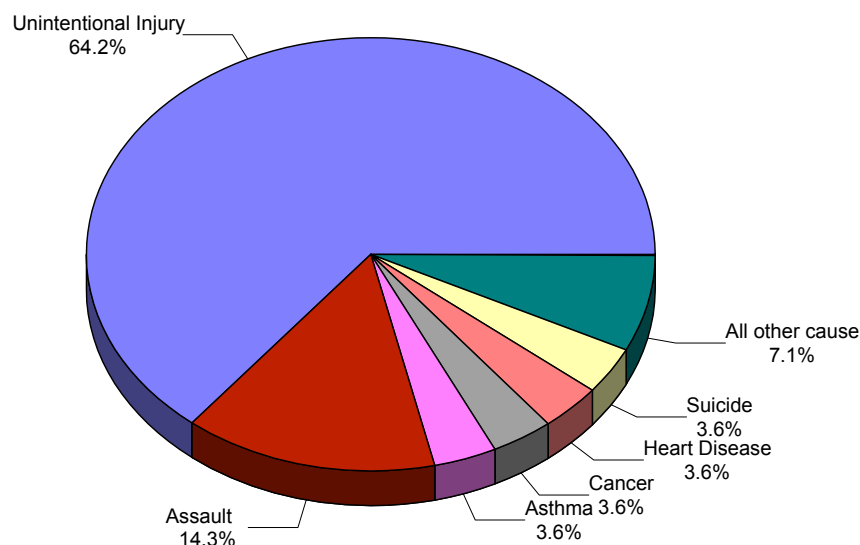
Youth Risk Behavior Surveillance: This summary report presents a comprehensive analysis of trends in youth risk behaviors in Lancaster County, as measured by the Youth Risk Behavior Survey (YRBS) administered in 1991, 1993, 1995, 1997, 1999, 2001 and 2003. Our report covers five areas of health risk behavior: unintentional and intentional injuries, tobacco use, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, and physical activity.

This summary report, and the research data it is based on, was facilitated by the existence of a national Youth Risk Behavior Surveillance System (YRBSS). The national YRBS was first implemented in 1990 to measure prevalence among young people of behaviors that put their health at risk. The YRBSS is a coordinated system using a standardized survey tool and sampling methods reproduced in the majority of states and many localities across the United States.

Before the establishment of the YRBSS, there was little information on the prevalence of these important risk behaviors among youth in the United States. Yet these areas of risk behavior are arguably the major precursors to death, illness and disability among Americans, not only in their teen years, but also later in adult life. Injuries alone account for the majority of deaths among youth and young adults under 25 -- in Lancaster County, motor vehicle crashes, other unintentional injuries, assault and suicide accounted for 64.2% of all deaths to those 14 to 24 years of age (see figure below). And although cardiovascular disease and cancer are the major killers of adults, the majority of risk behaviors for these diseases are initiated during adolescence. Unintended teen pregnancy and sexually transmitted disease infection acquired in the teen years cause additional illness among youth, young adults, and their children.

Causes of Death in Lancaster County Years 2002

Age 14-24



The Youth Risk Behavior Survey is an important surveillance, policy, and program management tool for communities, states, and the nation. YRBS data provide quantifiable evidence of serious health risks among youth that demand public attention and public health action. As such, the data are useful in raising public awareness of the extent of youth risk behaviors. YRBS data are tools for policy, helping to identify public health priorities and the survey results support the need for health education and other prevention efforts for children and youth. The YRBS is also a tool for prevention and intervention programs -- the data are instrumental in setting program goals and objectives, monitoring the progress and outcomes of public health and other community action, and implementing or modifying public health programs to address the behaviors of young people in priority issue areas.

Data Collection and Analysis : Local data collection was made possible by the cooperation of Nebraska health officials coordinating the state YRBS, as well as the Nebraska YRBS contractor, the Buffalo Beach Company. The Lincoln-Lancaster County Health Department separately contracted with this company to obtain an “over-sample” of the Lancaster County portion of the state survey. This provides the additional sample size needed to obtain valid county-level statistics.

The Youth Risk Behavior Survey measures the prevalence of health-risk behaviors among adolescents through representative national, state, and local surveys conducted biennially. The national and state surveys use multi-stage cluster sampling to obtain samples of students in grades 9-12 reflecting the geographic, urban-rural, racial, gender, and grade makeup of the population in those grade levels. In Lancaster County, the great majority of public schools (urban and rural schools) have participated every year, with 100% participation in most years. The survey was conducted in randomly selected classrooms of a required period (second or third period). Parental consent was required beginning in 1997. This disrupted the results to some degree, but was carefully considered in the analysis of trends.

This summary report presents the following types of results from the analysis of YRBS data (1991-2003):

- ' Trends in behaviors from 1991 to 2003 (increases, decreases or unchanged level)
- ' Trends and differences among males and females
- ' Trends and differences among different grade levels

Any statements made in this report about Lancaster County youth risk behaviors, whether changes over time or differences between groups, were based on review of statistically significant differences or changes (at a 95% confidence level) and a critical evaluation of consistent data trends. Our goal is to avoid misleading or invalid data comparisons while presenting the maximum in public health data to meet the wide variety of citizen information needs. All statistics presented are “grade-adjusted” numbers (with the exception of data by grade). This was necessary because of large variations from year to year in the proportion of students in each grade that were surveyed (see Sample Demographics section). Because there are often substantial behavioral differences between students in younger and older grades, these differences in grade composition of the sample from year to year interfered with valid comparison of behaviors between years or demographic groups. Data were therefore “grade-adjusted” to a common weighted grade distribution (1999 National Public Schools enrollment), so that we are comparing “apples to apples”, as it were.

The “grade adjustment” did not affect trend directions, comparisons of male to female students, or overall conclusions from the data. But the procedure did remove bias due to this particular sampling problem, and often helped to smooth out unstable data trends over time.

Sample Demographics

In 2003, of all respondents surveyed (968), 449(46.4%) reported their gender as female and 519 (53.6%) as male. A majority of the survey respondents were from students of 9th grade (30%) followed by 12th grade (25.8%). Over half of these (58.6%) were 15 or younger.

